

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

-----X

UNITED STATES OF AMERICA,

-against-

**CONSENT TO PROCEED BY VIDEO OR
TELE CONFERENCE**

20 -MJ- 9915 (UA)

Shawn Jenkins

Defendant(s).

-----X

Defendant Shawn Jenkins hereby voluntarily consents to participate
in the following proceeding via X videoconferencing or X teleconferencing:

X Initial Appearance Before a Judicial Officer

 Arraignment (Note: If on Felony Information, Defendant Must Sign Separate Waiver of
Indictment Form)

X Bail/Detention Hearing

 Conference Before a Judicial Officer

/s/ Shawn Jenkins
Defendant's Signature
(Judge may obtain verbal consent on
Record and Sign for Defendant)

/s/ Jonathan Marvinny
Defendant's Counsel's Signature

Shawn Jenkins
Print Defendant's Name

Jonathan Marvinny
Print Counsel's Name

This proceeding was conducted by reliable video or telephone conferencing technology.

29 Oct 2020

Date


U.S. District Judge/U.S. Magistrate Judge

SDNY CJA 23 (Rev. 3/20)	FINANCIAL AFFIDAVIT
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT, OR OTHER SERVICES WITHOUT PAYMENT OF FEE	

IN THE UNITED STATES ☒ DISTRICT COURT ☐ COURT OF APPEALS ☐ OTHER (Specify below)

IN THE CASE OF

U.S. v. Jenkins

FOR

AT

LOCATION NUMBER

PERSON REPRESENTED (Show your full name)
Shawn Jenkins

- 1 ☒ Defendant - Adult
- 2 ☐ Defendant - Juvenile
- 3 ☐ Appellant
- 4 ☐ Probation Violator
- 5 ☐ Supervised Release Violator
- 5 ☐ Habeas Petitioner
- 7 ☐ 2255 Petitioner
- 8 ☐ Material Witness
- 9 ☐ Other (Specify) _____

DOCKET NUMBERS

Magistrate Judge
20-9915

District Court

Court of Appeals

CHARGE/OFFENSE (describe if applicable & check box →)
18 USC 844(f)

☒ Felony
☐ Misdemeanor

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

INCOME & ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Self-Employed Name and address of employer: <u>Odd jobs--walking dogs, painting, etc.</u> IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment? _____ How much did you earn per month? \$ _____											
	OTHER INCOME	If married, is your spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your spouse earn per month? \$ _____ If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____ Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left;">RECEIVED</th> <th style="width: 60%; text-align: left;">SOURCES</th> </tr> <tr> <td>IF YES, give the amount \$ <u>2,400.00</u></td> <td><u>Food stamps</u></td> </tr> <tr> <td>received and identify the \$ <u>800.00</u></td> <td><u>Cash assistance</u></td> </tr> <tr> <td>sources \$ _____</td> <td>_____</td> </tr> </table>			RECEIVED	SOURCES	IF YES, give the amount \$ <u>2,400.00</u>	<u>Food stamps</u>	received and identify the \$ <u>800.00</u>	<u>Cash assistance</u>	sources \$ _____	_____	
	RECEIVED	SOURCES											
	IF YES, give the amount \$ <u>2,400.00</u>	<u>Food stamps</u>											
received and identify the \$ <u>800.00</u>	<u>Cash assistance</u>												
sources \$ _____	_____												
CASH	Do you have any cash on hand or money in savings or checking accounts? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, total amount? \$ <u>250.00</u>												
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left;">VALUE</th> <th style="width: 60%; text-align: left;">DESCRIPTION</th> </tr> <tr> <td>IF YES, give value and description for each \$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> <tr> <td>\$ _____</td> <td>_____</td> </tr> </table>			VALUE	DESCRIPTION	IF YES, give value and description for each \$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____
VALUE	DESCRIPTION												
IF YES, give value and description for each \$ _____	_____												
\$ _____	_____												
\$ _____	_____												
\$ _____	_____												

OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated or Divorced	Total No. of Dependents <u>4</u>	List persons you actually support and your relationship to them <u>4 minor daughters</u>														
	DEBTS & MONTHLY BILLS (Rent, utilities, loans, charge accounts, etc.)	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%; text-align: left;">DESCRIPTION</th> <th style="width: 20%; text-align: left;">TOTAL DEBT</th> <th style="width: 40%; text-align: left;">MONTHLY PAYMENT</th> </tr> <tr> <td>Groceries</td> <td>\$ _____</td> <td>\$ <u>200.00</u></td> </tr> <tr> <td>Cell phone</td> <td>\$ _____</td> <td>\$ <u>50.00</u></td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>_____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> </table>			DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT	Groceries	\$ _____	\$ <u>200.00</u>	Cell phone	\$ _____	\$ <u>50.00</u>	_____	\$ _____	\$ _____	_____	\$ _____
DESCRIPTION	TOTAL DEBT	MONTHLY PAYMENT																
Groceries	\$ _____	\$ <u>200.00</u>																
Cell phone	\$ _____	\$ <u>50.00</u>																
_____	\$ _____	\$ _____																
_____	\$ _____	\$ _____																

I certify under penalty of perjury that the foregoing is true and correct.

/s/ Shawn Jenkins

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

10/29/2020

Date

Jonathan Marvinny (FD)

FD/CJA/RET. ATTORNEY

(PRINT)

Mitzi S. Steiner

ASSISTANT UNITED STATES ATTORNEY

(PRINT)

☒ APPROVED ☐ DENIED

SIGNATURE OF JUDICIAL OFFICER

29 Oct 2020
DATE